

---

**From:** Brad Madrid [brad.madrid@pharmsmgmt.com]  
**Sent:** 10/12/2015 1:26:46 PM  
**To:** Brian Swiencinski [brianski9966@gmail.com]  
**Subject:** Patient  
**Attachments:** Ashley Neal.pdf

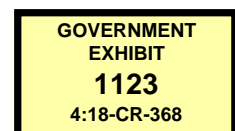
**Importance:** High

Dr. Ince,

I hope you're doing well.

Attached you will find a prescription with our alternative products that are now covered by these certain patient's insurance plan. If you would like this patient to receive their medication, please sign and send the script and fax back to 855-325-3500.

Thank You  
Brad



<b>PATIENT</b>		<b>DOB</b>	<b>LAST 4 DIGITS OF SSN</b>
Ashley Neal			
Home Phone		Cell Phone	
Address			
City Frisco	State TX	Zip 75034	
Allergies			
Diag.			

<b>Insurance info</b>		
Carrier:		
Bin#	PCN#	
Group #		
Member ID #		
Workers Comp	Yes	No
DOI	Claim #	

**PAIN-TRANSDERMAL** Any added controlled substances must be handwritten.

**PAIN-TOPICAL**
☐ **NCP-7B: Neuropathic & Chronic Pain**

Flurbiprofen ..... 20%  
 Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2.5%

**Add:**  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** 3 6 12 \_\_\_\_\_

☐ **NCP-9: Neuropathic & Chronic Pain**

Baclofen ..... 2%  
 Cyclobenzaprine ..... 2%  
 Gabapentin ..... 6%  
 Lidocaine ..... 2%  
 Diclofenac ..... 3%

**Add:**  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** 3 6 12 \_\_\_\_\_

☐ **GPI-2: General Pain / Inflammation**

Flurbiprofen ..... 20%  
 Cyclobenzaprine ..... 2%  
 Baclofen ..... 2%

**Add:**  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** 3 6 12 \_\_\_\_\_

☐ **Reme-D**

Topiramate ..... 2.5%  
 Celecoxib ..... 2%  
 Gabapentin ..... 5%  
 Lidocaine ..... 2%  
 Duloxetine ..... 1.2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** 3 6 12 \_\_\_\_\_

☒ **Renovo Pain Patch**

Menthol ..... 5%  
 Capsaicin ..... 0.0375%

**SIG:** Apply 1 patch to affected area 1-2 times daily as needed.

**Qty:** ☐ 30 count  
☐ 60 count  
☐ \_\_\_\_\_  
**Refills:** 3 6 12 \_\_\_\_\_

☐ **Camphomex Topical Spray**

Menthol ..... 10%  
 Camphor ..... 4%  
 Histamine ..... 0.025%

**SIG:** Apply 1-2 sprays, 3-4 times per day PRN pain  
**Qty:** 240 gm  
**Refills:** 3 6 12 \_\_\_\_\_

**DERMATOLOGICAL**
☐ **DERM-2: Topical Anti Fungal Cream**

Fluticasone ..... 1%  
 Fluconazole ..... 2%  
 Pentoxifylline ..... 0.5%  
 Lidocaine ..... 2%  
 Hydroxyzine ..... 2%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** 3 6 12 \_\_\_\_\_

☐ **DERM-7: Plantar Fasciitis**

Diclofenac ..... 5%  
 Baclofen ..... 2%  
 Fluticasone ..... 1%  
 Lidocaine ..... 2%  
 Verapamil Hydrochloride ..... 10%

**Add:**  
**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** 3 6 12 \_\_\_\_\_

**SCAR**
☒ **Dermacin Rx SilaPak (scar topical)**

Triamcinolone Acetonide Cream USP, 80 gm ..... 0.1%  
 Dermacin Rx Skin Repair Complex (Dimethicone) ... 5%  
 Silicone Tape  
**SIG:** Apply to the affected area as a thin film 2-3 times daily. May use silicone tape on the cream in absence of broken skin. Clean and apply new tape every 24 hours.

**Qty:** 1 pack  
**Refills:** 3 6 12 \_\_\_\_\_

☐ **Scar (transdermal)**

Fluticasone ..... 1%  
 Levocetirizine ..... 2%  
 Pentoxifylline ..... 0.5%

**For painful scars, add:**  
 Prilocaine ..... 3%  
 Gabapentin ..... 15%  
**For elasticity, add:**  
 Hyaluronic Acid ..... 0.2%  
 Vitamin D3 ..... 0.05%  
 Vitamin C ..... 5%  
 Estradiol ..... 0.1%

**SIG:** Apply 1-2 pumps to affected area 3-4 times daily; 1 pump = 1.5 gm  
**Qty:** ☐ 300 gm ☐ \_\_\_\_\_  
**Refills:** 3 6 12 \_\_\_\_\_

**MIGRAINE**
☐ **Vanatol LQ (migraine syrup)**

Butalbital ..... 50mg  
 Acetaminophen ..... 325mg  
 Caffeine ..... 40mg

**Per 15 ml**  
**SIG:** 1-2 tablespoons every four hours; 1 tablespoon = 15ml  
**Qty:** ☐ 32 fl oz  
☐ 48 fl oz  
☐ \_\_\_\_\_  
**Refills:** 3 6 12 \_\_\_\_\_

**HAIR LOSS**
☐ **Scalp Care - 3 Hair Solution**

Fluticasone ..... 0.2%  
 Finasteride ..... 0.2%  
 Minoxidil ..... 5%  
 Retinoin ..... 0.01%

**For women:**  
 (No Finasteride)  
**SIG:** Apply up to 2 mls to scalp 2 times a day  
**Qty:** ☐ 120 ml  
☐ \_\_\_\_\_  
**Refills:** 3 6 12 \_\_\_\_\_

**GENERAL WELLNESS**
☐ **Super-SB: General Wellness**

**SB-1:** 5-MTHF ..... 500 mcg  
 Alpha Lipoic Acid ..... 250 mg  
 Coenzyme Q10 ..... 100 mg  
 Methylcobalamin ..... 20 mg  
 EGCG ..... 50 mg  
 Vitamin E ..... 100 mg  
 Glutathione ..... 100 mg

**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules **Refills:** 3 6 12 \_\_\_\_\_

**SB-2:** Resveratrol Powder ..... 100 mg  
 Pyridoxal-5-Phosphate ..... 25 mg  
 Beta Carotene ..... 2,500 IU  
**SIG:** Take 1 capsule by mouth twice daily  
**Qty:** 60 capsules  
**Refills:** 3 6 12 \_\_\_\_\_

**METABOLIC SUPPLEMENTS**
**INSOMNIA**
☐ **KP-1: Insomnia**

Melatonin ..... 3 mg  
 Methylcobalamin ..... 5 mg  
 N-Acetylcysteine ..... 125 mg  
 Glutathione ..... 50 mg  
 Diphenhydramine ..... 20 mg  
 5-HTP ..... 150 mg

**SIG:** Take 1 capsule by mouth once daily at bedtime  
**Qty:** 30 capsules  
**Refills:** 3 6 12 \_\_\_\_\_

**DIET SUPPLEMENT**
☐ **ADP-6**

Methylcobalamin ..... 20 mg  
 Coenzyme Q10 ..... 75 mg  
 5-HTP ..... 100 mg  
 Acidophilus ..... 100 mg  
 Bupropion ..... 50 mg  
 Psyllium Husk ..... 100 mg

**SIG:** Take 1 capsule in the morning as directed  
**Qty:** 30 capsules  
**Refills:** 3 6 12 \_\_\_\_\_

**BONE HEALTH**
☐ **BH: Bone Health**

**BH-1:** Vitamin D3 ..... 5,000 IU  
 Magnesium Oxide ..... 200 mg  
 Zinc Gluconate ..... 69.6 mg  
 Copper Gluconate ..... 7.14 mg  
 Boron ..... 1 mg  
 Betaine Anhydrous ..... 25 mg  
 Pyridoxal-5-Phosphate ..... 70 mg  
 Boswellia Serrata ..... 200 mg

**SIG:** Take 1 capsule by mouth once daily

**Qty:** 30 capsules **Refills:** 3 6 12 \_\_\_\_\_  
**BH-2:** Resveratrol ..... 20 mg  
 Calcium Gluconate ..... 500 mg  
 Coenzyme Q10 ..... 100 mg  
 5-Methyltetrahydrofolate ..... 500 mcg  
**SIG:** Take 1 capsule by mouth once daily  
**Qty:** 30 capsules **Refills:** 3 6 12 \_\_\_\_\_

☐ **Other** \_\_\_\_\_

<b>Prescriber Name:</b> Dr. Cristopher Ince	<b>NPI #:</b> _____
<b>Lic. #:</b> _____	<b>DEA#:</b> _____
<b>Phone #:</b> _____	<b>Fax#:</b> _____
<b>Address:</b> _____	
<b>Signature</b> (Note: Manual Signature Required for CS): _____	<b>Date:</b> _____